

YORK COUNTY SHERIFF'S OFFICE

REPORT OF COMPLAINT AGAINST LAW ENFORCEMENT PERSONNEL

CONFIDENTIAL

Name of complainant: _____

Address where you can be contacted? _____

Phone number: Home: _____ Work: _____

Date and time of incident: _____

Location of incident: _____

Name of deputy(s) or employee(s) against whom complaint is being filed, or other identifying marks (car number, unit number, etc.)

Name: _____

Id#: _____ Rank: _____

Vehicle: _____ Unit#: _____

Name: _____

Id#: _____ Rank: _____

Vehicle: _____ Unit#: _____

Name: _____

Id#: _____ Rank: _____

Vehicle: _____ Unit#: _____

Name(s), address, phone number or other identifying information concerning any witnesses, if applicable:

Statement of allegation:

[illegible]

I understand that I can be criminally charged, if it is determined that I have filed a false report.

Signature of Complainant